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EFFECT OF FUNCTIONAL COMPETENCE AMONG ELDERLY

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Abstract
India is aging with 8.5 per cent of the population being elderly; the study of elderly is of immense social relevance. Aging without tears being the goal of Gerontology and "Long life" being the aspiration of one and all, the investigation of characteristics of long evous persons is of direct significance. Knowledge of characteristics of the old-old can lead to appropriate interventions that will promote a "Livelier Longevity". For the present study the subjects would consist of 60 men and women in the age groups of 80-89 (old). Results showed that Livelier Longevity is related to functional competence is determined by certain markers viz., physical and mental activities, social supports, health practices, age, gender and economic status. Findings highlight the need for creating need based support services for the vulnerable elderly in the Indian context.
Key words: Gerontology, Functional Competence, Intervention

1. INTRODUCTION

A critical aspect of functional competence is the maintenance of independent living in old age. Functional competence generally defined as the ability to care for one self, to manage one's affairs, and to live independently in the community. Elderly persons' competence to live independently is a concern not only of those who are old, their families but of society as a whole.

Giving a broad and interdisciplinary approach to health status, functional competence is considered as the basis of an effective geriatric evaluation.

The different dimensions that influence the lives of the elderly people are their health status, social relationships, socioeconomic, physical environment, and demographic, cultural and psychological conditions.

The assessment of functional capability in the elderly persons should still regard as the steady deteriorate with age (Millán-Calenti, 2010). Findings preceding studies show that old age, being female, poor health, and being alone are the key risk factors connected with functional disability among older adults (Mendes de Leon, 1999; Everard, 2000; Koukouli, 2002).

It is necessary to determine the factors that affect the functional competence to promote active and healthy ageing by maintaining independence and reducing disability which in turn leads to high self esteem and life satisfaction in senior citizens (Ramamurti & Jamuna 2007). In view of the above, the following objectives were framed.

Objectives

 To determine the contribution of psychological and socio demographic variables to functional competence in a sample of community dwelling elderly.

2. Participants of the study

- A sample of 60 community dwelling elderly men and women of rural and urban areas of Rayalaseema region from the age groups of 80- 89 years were drawn by using a multi-stage random sampling technique.
- The sample was identified on the basis of census reports and also by house-to- house survey. Older adults without chronic illness and those cognitively intact were included in the study. The participants in the study were individually contacted and tests were administered in one session after taking willingness to participate.

Measures used

- To seek information on relevant socio-demographic characteristics (age, gender, education, family, location, and marital status) of the participant, a Personal Data Form (PDF) was used.
- The subtests of disability scale (Ramamurti & Jamuna 1996) were used to assess different facets of functional capability viz., Functional capability in physical competence by ADL & performance based capability in ADLs (PBFC), selfperception of functional capability (SPFC).
- Extent of physical and mental activities of elderly was assessed by physical and mental activity scale (Ramamurti & Jamuna, 1996). Health Practices (HP), in the elderly were assessed by Health behavior scale(Ramamurti & Jamuna, 1996).

- Social supports scale (Jamuna & Ramamurti, 1991) was used to assess the perception of social supports in the elderly.

3. Major Findings

- MRA (step-wise) indicate (vide Table - I) that to predict the performance in ADLs and IADLs (physical competence), two variables entered the final regression equation by explaining 60 per cent of the total variance of physical competence in basic ADLs and IADLs.
- The variables entered in the equation were physical and mental activity by contributing 46 per cent, social supports with an additional contribution of 14 per cent, respectively.

Table I: Contribution of Psychological Variables to the Dependent viz., IADLs, PBFC, SPFC

Sl.No.	Variables Entered	R2	Increase in R^2	F
	Activities of Daily Living and Instrumental Activities of Daily Living (ADL and IADLs)			
1	Physical and mental activity	0.4	0.4	125.27
2	Social supports	0.65	0.19	10.54
	Performance Based Functional Competence (PBFC)			
1	Physical and mental activity	0.05	0.05	14.02
2	Social supports	0.074	0.026	11.84
	Self Perception of Functional Competence (SPFC)			
1	Physical and mental activity	0.164	0.164	58.36
2	Social supports	0.194	0.03	35.82
3	Health practices	0.218	0.024	27.43

The regression equation to predict performance based functional competence in certain basic motor tasks (Table - I) indicate that physical and mental activity and social supports accounted for 6.9 per cent of variance in the outcome variable, performance based functional competence in some motor tasks.
In this total variance, 4.5 percent was contributed by physical and mental activity and 2.4 per cent was contributed by social supports.
Self perception of functional competence (Table - I) shows that the variables entered the regression equation are physical and mental activity (16.4%), social supports (3%) and health practices (2.4%).
Together, these variables contributed 21.8 per cent of variance to the total variance of self- perception of functional competence.

Table II: Contribution of Socio-Demographic Variables To Activities of Daily Living (ADL) & Instrumental Activities Daily Living (IADL, Performance Based Functional Competence (PBFC) and Self Perception of Functional Competence (SPFC).

Sl.No.	Variables Entered	R2	Increase in R^2	F
	Activities of Daily Living (ADL)			
1	Age	0.31	0.31	134.9 2
2	Marital status	0.34	0.024	75.23
3	Gender	0.345	0.009	52.02
	Instrumental Activities of Daily Living (IADL)			

1	Age	0.389	0.389	189.8 4
2	Marital status	0.411	0.022	103.6
3	Living arrangements	0.422	0.011	72.11
4	Spiritual activities	0.432	0.01	56
	Performance Based Functional Competence (PBFC)			
1	Age	0.379	0.379	181.5 9
2	Gender	0.393	0.014	96.02
	Self -Perception of Functional Competence (SPFC)			
1	Marital status	0.06	0.06	19.07
2	Financial status	0.075	0.015	12.06
3	Living arrangement	0.08 7	0.012	9.6

- Table - II indicates that among a set of seven variables which were included in the final equation together explained 34.5 percent of total variance in the dependent variable. Out of seven variables only age, marital status and gender were found to be significant predictors.
- The first variable being the age of an individual accounted for 31.2 percent of the total variance in physical competence. The addition of second variable viz., marital status increased 2.4 per cent of variance. Thus, the multiple R^2 with 2 percent of the total variance in physical competence indicating that it is (marital status) one of the potent predictors of functional competence in daily tasks.
- The next variable, gender accounts for an addition of less than one percent of explained variance which shows that the gender (male / female) has a low, small contribution to physical competence.
- The results reported in Table - II indicates that a set of four variables which were included in the final equation together explained 43.2 per cent of the total variance in the dependent variable, physical competence in instrumental activities of daily living (IADLs).
- Age accounted for 38.9 per cent of the total variance in IADL physical competence, the addition of marital status a second variable with 2.2 per cent in physical competence , while marital status has a small contribution to physical competence (IADL). The next variable, living arrangements which were entered into the regression equation made a minimal addition of 1.1 per cent. The last variable spiritual activities also made a minimum addition.
- Thus from the above, it may be concluded that the extent of experience of IADL functional competence is determined significantly by age, marital status, living arrangements and spiritual activities.
- The contribution of demographic variables to the other measures of physical competence viz., performance based functional competence (PBFC) (vide Table - II), indicates that two variables get significance in the regression equation and together accounted for 39 per cent of the variance (R^2=.39) in the dependent variable, PBFC. The variables entered were, age 37.9 per cent and gender 1.4 per cent.
- The contribution of demographic variables to the other measures of physical competence viz., performance based functional competence (PBFC) (vide Table - II), indicates that two variables get significance in the regression equation and together accounted for 39 per cent of the variance (R^2=.39) in the dependent variable, PBFC. The variables entered were, age 37.9 per cent and gender 1.4 per cent.
- From these results we may conclude that age is the key determinant of performance based functional competence followed by gender of an individual to a small extent.
- The results reported in the sub heading self-perception of functional competence (Table - II) explained marital status, financial status and living arrangements together they account only 8.7 per cent of variance in the dependent variable, self- perception of functional competence.
- The first variable viz., marital status accounts for 6 per cent to the variance in the dependent variable. The addition of second variable viz., financial status significantly increased the multiple R^2 and added 1.5 per cent to

the explained variance. The variable, type of living arrangements accounts for an additional 1.2 per cent, indicating that it is one of the less significant contributors to self- perception of functional competence.

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4. Implications

- The study showed the role of demographic variables such as age, gender, education, locality, economic status and marital status in different measures of functional competence. It implies that these groups need in welfare programmes especially in health care services.
- Health intervention programmes through the media need to be designed to promote health awareness, health fitness, and ways to minimize disability and to promote active and happy aging.
- The study underscores the dynamic interplay that occurs among different domains of functional capability and their correlates. Recognition of these factors may help to draw attention to the need for compensatory mechanisms to support ageing in view of the loss of social resources often associated with aging.
- Every spiritual practice should serve a definite purpose, according to what drives us to spirituality, and the goal we are seeking. I call this approach *pragmatic spirituality*.
- There are different types of spiritual practice, across multiple traditions. They seem to fall into three categories:

(a) practices of personal cultivation, sublimation, and exploration.

(b) practices of learning, understanding, absorbing. (c) practices of external action.

- For the present study some practices of personal cultivation, sublimation and exploration some methods were used which are comfortable to the elderly.
- **Meditation**. It's an exercise of controlling your attention. The three main general types of meditation are: focused attention (concentrating your mind on a single point); pure awareness (resting the attention on consciousness, undistracted and unengaged).
- **Prayer**. Prayer is an exercise of directing our mind to the Divine, with devotion and surrender. It may be scripted or spontaneous; spoken out loud, silently in the mind.

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